

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/56 45/8

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		0				
6		0				
7		0				
8		0				
9		0				
10		0				
11	1					
12		1				
13		1				
14		1				
15		1				
16		1				
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43		0				
44		0				
45		0				
46		0				
47		0				
48		0				
49		0				
50		0				
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	33	←		←		←
TOTAL CLAIMS	35					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						